## <u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>9/16/2010</u>	Address:	Arnold Ct east of CR	
Case #:	<u>16F-19959</u>		150 E,	
County:	Howard		<u>Kokomo, IN 46901</u>	
Type of Laboratory Seizure (check one)  ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Scizure Location (c Residence Outbuilding Vehicle	eheck all that apply)  Hotel/Motel  Open – No Structure Other:	
Items Found: Location (bedroom, kitchen, open air, etc)   (check all that apply)				
Yes 20 No If yes, fax ro	er age 18 discovered (check one) (number present)  port to Child Protective Services  t is to be faxed to the following ager	☐ Ephedrin☐ Retail/Ma☐ Other:☐		
Fire Depart	ment: Kokomo ID	Fax: <u>765-4</u>	<u>57-2636</u>	
Health Department: Howard Co. Health Dept.		Fax: 765-4		
	Child Protection Service: Howard Co.  Fax: 765-456-2292			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trp. Mike Lorona</u> Phone <u>765-473-6666</u>				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.